${\bf Application} \ {\bf or} \underline{{\bf D}} {\bf ocket} \ {\bf Number}$

PATENT APPLICATION FEE DETERMINATION RECORD

			L																	
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALI TYPE	SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY									
TC	OTAL CLAIMS		44.				RAT	E	FEE	1 1	RATE	FEE								
FC)R		NUMBER I	FILED	NUME	BER EXTRA	BASIC	FEE	385.00	OR	BASIC FEE	770.00								
TC	OTAL CHARGEA	ABLE CLAIMS	GG-mir	JF _minus 20=		*24		9=		OR	X\$18=									
<u> </u>	DEPENDENT CL			inus 3 =	* 6		X43	=		OR	X86=									
ML	JLTIPLE DEPEN	NDENT CLAIM PE	RESENT	RESENT			+145	5=		OR	+290=									
* If	the difference	e in column 1 is	less than ze	∍ro, enter	"0" in c	olumn 2	TOTA	AL .		OR	TOTAL									
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)						(Column 3)	SMA	LL E	ENTITY	OR	OTHER SMALL E									
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
NON	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=									
AME	Independent	* ENTATION OF MU	Minus	***	CLAIM	=	X43=			OR	X86=									
	FIRST FILES	NIAHON OF INC	THELL DE	ENDER	CLAIIVI		+145	=		OR	+290=									
							TO1 ADDIT. F			OR ,	TOTAL ADDIT. FEE									
		(Column 1)		(Colum		(Column 3)														
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER DUSLY	PRESENT EXTRA	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
AMENDMENT	Total	*	Minus .	**		=	X\$ 9:	= 1		OR	X\$18=									
AME	Independent	* NTATION OF MU	Minus	*** PENDENT	ΩI ΔIM	=	X43=		·	OR	X86=									
		VIAION C. III.	/LIII	ENDE	OL A		+145:	= [OR	+290=									
						-	TOT ADDIT. F			OR ,	TOTAL ADDIT. FEE									
		(Column 1)		(Colum		(Column 3)		_												
AMENDMENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE								
NDM	Total	, *	Minus	**		=	X\$ 9=			OR	X\$18=									
ME	Independent	l <u> </u>	Minus	***		=	X43=	十		▎⋰┞	X86=									
	FIRST PRESE	NTATION OF MU	JLTIPLE DEP	ENDENT	CLAIM			╁		OR										
* H	f the intry in colur	mn 1 is less than the	e ntrv in colu	mn 2 write	"O" in col	umn 3	+145=			OR	+290=									
**	f the "Highest Nur	mber Previously Pai	id For IN THIS	S SPACE is	less that	20 onter "20 "	TOT		•	OR ,	TOTAL ADDIT. FEE									
***	f the "Highest Nur	nber Previously Pa	id For IN THIS	3 SPACE is	less than	1 3. enter "3."	ADDIT. FE	- E L	***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											